

**APPLICATION FOR REVIEW
ELEVATORS, ESCALATORS
AND RELATED TRANSPORTATION**
-Complete both sides-

Safety & Buildings Division
141 NW Barstow St
Waukesha, WI 53188-3789
Phone: (262) 548-8600
Fax: (262) 548-8614

Please type or print clearly. Information on this form is important for providing you with timely and efficient review of your project. Complete submittals prevent delays in processing and reviewing your project. Except for Emergency Repairs, no work may commence until approved. See Comm 18.1009(1) and Comm 2.15.

Review Scheduling: Your plan will be reviewed in the order it was received or you may schedule the review. To schedule, fax completed form to (877) 840-9172 or e-mail to PlanSchedule@commerce.state.wi.us. You will receive a confirmation letter with an appointment date. Plans must be received in this office no later than 2 working days before the confirmed appointment.

1. Use (check one) Elevator <input type="checkbox"/> Passenger Elevator <input type="checkbox"/> Freight Elev. (circle class) A B C1 C2 C3 <input type="checkbox"/> Inclined Elevator <input type="checkbox"/> Limited Use (LULA) Elevator <input type="checkbox"/> Power Sidewalk Elevator <input type="checkbox"/> Special Purpose Pers. Elev. <input type="checkbox"/> Part V Elevator (remod only) <input type="checkbox"/> Stage Elevator Dumbwaiter / Material Lift <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Type B Material Lift Moving Stair / Walk <input type="checkbox"/> Escalator <input type="checkbox"/> Moving Walk Lift <input type="checkbox"/> Vertical Platform Lift <input type="checkbox"/> Inclined Platform Lift <input type="checkbox"/> Stairway Chair Lift Date of Contract (between elevator contr. and owner)	2. Type of Submittal: <input type="checkbox"/> New Installation <input type="checkbox"/> Complete replacement of existing elevator, lift, escalator, etc <input type="checkbox"/> Alteration or Repair <input type="checkbox"/> Emergency Repair State Tag. No. or Regulated Object No. of existing unit _____ (See box 7, page 2)	Building Plan Review Transaction ID Number _____ Previous Related Petition for Variance Transaction ID Number (where applicable). _____ <p align="center">For office use only</p> Transaction ID: _____ Assigned Review Date: _____ Assigned Reviewer: _____ Assigned Office: _____
3. Project Site Information (Must be complete to process the application) Project Name: _____ Project Address: _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ County _____		
Elevator Number, tenant name and / or building designation Example: Elev. 2, West Mall/Jim's Shoes		
4. After plans are reviewed, please: (check all that apply) ___ Requesting party will pick up. ___ Mail plans to customer 1, 2, 3, 4 (circle number).* *refers to customer number from below		

5. Complete the following installer and owner information.

Elevator Installer / Contractor Information (Customer 1)	Requesting Party if different than Installer (Customer 3)
First Name _____ Last Name _____ Customer Number _____	First Name _____ Last Name _____ Customer Number _____
Company Name _____	Company Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail address _____	Phone _____ Fax _____ E-mail address _____
Check others if applicable <input type="checkbox"/> Owner <input type="checkbox"/> Payer <input type="checkbox"/> Manufacturer	Check others if applicable <input type="checkbox"/> Payer <input type="checkbox"/> Manufacturer
Owner Information (Customer 2)	Other Please specify (Customer 4)
First Name _____ Last Name _____ Customer Number _____	First Name _____ Last Name _____ Customer Number _____
Company Name _____	Company Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail address _____	Phone _____ Fax _____ E-mail address _____
Check others if applicable <input type="checkbox"/> Payer <input type="checkbox"/> Manufacturer	Check others if applicable <input type="checkbox"/> Payer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m)]

Make checks payable to Dept of Commerce, attach here	Total amount due \$ _____
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6. General Equipment Information (Complete ALL applicable information)

Number of Landings: _____ Number of car or platform openings: _____ Note: Car or platform openings (doors/gates) are counted from inside the elevator, dumbwaiter or lift. Number of car or platform openings does not usually equal the number of landings and is rarely more than 2.	Type of Drive Unit: <input type="checkbox"/> Cable Ball & Socket <input type="checkbox"/> Roped hydraulic <input type="checkbox"/> Chain (electric) <input type="checkbox"/> Screw <input type="checkbox"/> Chained hydraulic <input type="checkbox"/> Traction – penthouse <input type="checkbox"/> Direct hydraulic <input type="checkbox"/> Traction – basement <input type="checkbox"/> Hand <input type="checkbox"/> Traction – machine roomless <input type="checkbox"/> Rack and pinion <input type="checkbox"/> Winding drum	Rated Load (lbs): _____ Suspension Means: <input type="checkbox"/> Elevator Wire Rope <input type="checkbox"/> Aircraft Cable <input type="checkbox"/> Kevlar Rope <input type="checkbox"/> Coated Steel Belt <input type="checkbox"/> Chain Number of Susp. Means: _____ Size of Susp. Means: _____
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7. Replacement, Alteration or Emergency Repair Complete all information in Box 6 above and any items in Box 8 that are changing as part of this project. Describe the scope of the project in this space. If more space is needed, attach a project specification or project description.

8. Specific Equipment Information (Complete ALL applicable information)

Hoistway / Runway and Car / Platform	Speed Up _____ fpm	Speed Down _____ fpm	Overhead Clear. _____ ft. ____ in	Pit Depth _____ ft. ____ in	Total Travel _____ ft. ____ in	Car Inside Dimension _____ x _____	Car Wt. _____ lb	Total Wt. _____ lb	Operation
	Top Runby _____ in.	Bottom Runby _____ in.	Buffer Stroke _____ in.	Buffer Type <input type="checkbox"/> Spring <input type="checkbox"/> Oil <input type="checkbox"/> Bumper	Guide Rail Type <input type="checkbox"/> Tee <input type="checkbox"/> Formed <input type="checkbox"/> other	Guide Rail Sizes Car _____ Cwt _____			
Machine	Machine Type	Mach. Location	Primary Brake Type	Emerg. Brake Type	Sheave Size _____ in.	Rope Const.	Hydraulic Control Valve Manuf. _____ Model no. _____		
	H. P.	Volts - main	Phase	On Emerg / Stand-by Power <input type="checkbox"/> Yes <input type="checkbox"/> No	Batt. Emerg. Lowering Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Batt. powered - Up / Down <input type="checkbox"/> Yes <input type="checkbox"/> No	Volts - Battery (if battery powered)		
Safety / Governor	Safety Device Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> other	Approved Cap. (lbs.)	Safety Manufacturer	Speed Governor Type <input type="checkbox"/> Non Fly-ball <input type="checkbox"/> Fly-ball <input type="checkbox"/> Friction <input type="checkbox"/> other	Gov. Manufacturer	Gov. Model No.	Slack Rope or Chain Switch <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Safety Model No.						
Fire Service / Fire Safety	Fire Fighter's Service <input type="checkbox"/> None <input type="checkbox"/> Phase I <input type="checkbox"/> Phases I & II		Location of Any Remote Fire Recall Key Switches	Designated Evac. Level	Alternate Evac. Level	Sprinklers in:	Machine Room Top of Hoistway /Runway Pit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Fees - Circle appropriate total fee and indicate total fee at bottom of front page

Type of New Installation or Alteration, Repair or Remodel		Counties served by S&B's Agent ^{B4 below}			ALL other counties		
		Plan Review Fee	Permit to Operate Fee	Total Fee	Plan Review & Initial Inspection Fee	Permit to Operate Fee	Total Fee
New or complete replacement of elevator, dumbwaiter or lift.	0-4 landings	\$250	\$35	\$285	\$550	\$35	\$585
	5-10 landings	\$200	\$35	\$235	\$600	\$35	\$635
	11+ landings	\$200	\$35	\$235	\$700	\$35	\$735
New or complete replacement of moving stair (escalator) or moving walk		\$100	\$35	\$135	\$500	\$35	\$535
Covered alteration, repair or remodel of existing elevator, dumbwaiter, moving stair/walk or lift		\$200	N/A	\$200	\$400	N/A	\$400

10. Information Required with Application

New installations

A1. At least 3 copies of this completed application with plans or shop drawings (plan sets must be **stapled** together as a set) showing the following:

- For elevators, platform lifts and stairway chair lifts, a plan of the car, hoistway or runway and machine room showing all clearances, including all inside car or platform dimensions specified in chapter Comm 62.
- For elevators, platform lifts and stairway chair lifts, a section through the hoistway or runway, machine room, pit and car or platform showing all applicable dimensions. All landings shall be clearly shown indicating types of hoistway or runway doors or gates used.
- For elevators, escalators and moving walks, a complete dimensioned layout of the machine room or machinery space including working clearances around machine, controller and disconnecting means showing dimensions to walls and equipment.
- For elevators, the size and weight per foot of guide rails and details of their support, including reinforcement where required.
- For platform lifts and stairway chair lifts, a copy of the architectural plans showing landing areas with clearance to adjacent walls or other obstructions.

A2. A copy of a letter from the State of Wisconsin, Safety & Buildings Division, a certified municipality or other approved plan review agency verifying that the building construction or alteration plans have been approved. Approval may be from the Department of Health and Family Services for medical facilities including hospitals and nursing homes.

A3. Indication of Review by Building Designer. The equipment shop drawings shall be stamped with the building designer's (architect's) shop drawing stamp and signed. In lieu of a shop drawing stamp, a statement of approval with the building designer's original signature may appear on the drawings. At least one set of shop drawings must contain an original stamp or statement and signature, not a photocopy.

A4. The appropriate fee. NOTE: See <http://commerce.wi.gov/SB/SB-ElevatorSystemsProgram.html> for county listing. **The inspector will collect separate inspection fees.**

Alterations and remodels [See Comm 18.1013(2) for covered alterations, repairs, replacements, relocations, etc.]

B1. At least 3 copies of this completed application with one of the following 3 items:

- A list of code sections of ASME A17.1, 8.7 or ASME A18.1a that are being altered. (See box 7 above).
- A detailed project description of items to be altered.
- A project specification.

B2. If alteration is listed in Tables Comm 18.1013-1, 18.1013-2, 18.1013-3, Item **A1** above is also required.

B3. If alteration includes a change to the building structure, fire rating, accessibility or accessible route, exiting or egress width, items **A2** and **A3** above are required.

B4. The appropriate fee. NOTE: See <http://commerce.wi.gov/SB/SB-ElevatorSystemsProgram.html> for county listing. **The inspector will collect separate inspection fees.**

11. Applicant Signature: I certify all the above statements are true and accurate to the best of my knowledge and belief

Signature

Title

Date Signed